A Report on the Availability of Group Homes for Persons with Mental Retardation in the United States



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Note to Readers

This report was prepared by the senior authors as part of their participation on the Task Force on Fiscal and Program Planning of the National Association of State Mental Retardation Program Directors. The senior authors are solely responsible for its contents. Every effort was made to verify information provided by state representatives. Any and all omissions or errors are the responsibility of the authors. Population referenced rates were included for comparative purposes only and should not be used to serve as a comment on the greater or lesser availability of group home type programs in the individual states. It is recognized that states have a variety of other alternate programs available, as noted in the limitations section. It is hoped that this information will provide a framework for the continued sustenance and development of all types of residential options for persons with mental retardation or other developmental disabilities.

Additional copies may be obtained from the authors or from the National Association of State Mental Retardation Program Directors, 113 Oronoco Street, Alexandria, Virginia 22314.

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SUMMARY

A telephone survey of each state's mental retardation/developmental disabilities agency was conducted to determine the national availability of group home type community residential programs. Each of the states was found to have a group home program. Nationally, some 58,063 mentally retarded or otherwise developmentally disabled persons were found residing in 6302 program sites. Of this number, about 15% of the residents were children or adolescents and 85% were adults. Some 18% of group home residents lived in ICFs/MR.

The national average group home size was 9.2 beds/home. Of the total of 6302 homes, 91% were homes of 15 beds or less. Some 92% of the states had 75% of their homes in this size category. About two-thirds of the homes were operated by not-for-profit agencies; 18% were operated by proprietary agencies, and 13% by government. Two-thirds of the states had group homes that were also certified as ICFs/MR. Of the total number of homes nationally, 18% were certified ICFs/MR.

The survey revealed a large group home population. Coupled with those individuals in specially licensed family care and independent apartments, it would appear that there are at least 68,000 non-institutional beds nationally available in community home-like settings specifically for persons with mental retardation. Estimates have been presented that show

an additional 55,000 beds should be available to meet the out-of-home group living needs of persons with mental retardation.

Two listings of contact person(s) in each state and the District of Columbia were also compiled. The first listing includes the name, address and telephone number of the contact person(s) in each state's mental retardation/developmental disabilities designated agency that administered, certified, or otherwise oversaw that state's group home programs. This listing appears as <u>Appendix A</u> in this report. The second listing includes the name, address and telephone number of the contact persons(s) for the state's association of group home operators (if such an association existed). This listing appears as <u>Appendix B</u> in this report.

Numerous types of community residential facilities are used by the individual states to provide out-of-home living arrangements for persons with mental retardation or other developmental disabilities. In the 1970's, several national studies examined the variations within these programs (Baker, Seltzer & Seltzer, 1975; Bruininks, Hauber & Kudla, 1980; % O'Conner, 1976). Most of these studies employed designs which involved sampling generic I community facilities programs to obtain information on their size, character, and occupants. I These facilities were chosen for inclusion either because they were not institutional in 1 character (Baker, Seltzer & Seltzer, 1975; O'Conner, 1976) or were not publicly operated (Bruininks, et al, 1980), consequently, discrete program models were not the focus of the studies.

Observers of the deinstitutionalization and communitization process in the United

States have noted that a variety of community residential programs have been established at an ever-increasing rate (Braddock, 1981). At the same time institutional populations have decreased in practically all of the states (OMRDD, Note 1). To accommodate this shift in the location of the retarded population, the community residential program that has come % most into prominence is the group home. The group home program model can be defined as *i* a small neighborhood-based group living residence that provides a long-term or transitional supervised living environment and is staffed with either live-in or shift personnel.

To determine the scope of the group home program nationally, an investigation was undertaken to determine the number of group homes, the availability of group home beds, the auspice of the programs, and to what extent the group homes were certified as intermediate care facilities for mentally retarded persons (ICFs/MR). This study was undertaken in conjunction with a broader inquiry related to rate setting methodologies conducted by the Task Force on Fiscal and Program Planning of the National Association of State Mental Retardation Program Directors (NASMRPD, Note 2).

METHOD

<u>Participants.</u> The participants were each state's mental retardation/developmental disabilities designated agency that administered, certified, or otherwise oversaw that state's group home programs (<u>Appendix A</u>). All fifty states and the District of Columbia were included.

<u>Procedure.</u> Telephone interviews were conducted between April and May, 1982 with representatives of each of the fifty states and the District of Columbia's mental retardation and/or developmental disabilities service agency. Informants were either the agency's representative responsible for the group home program or for client information services. With some exceptions, the one agency was responsible for that state's group home program; in a few instances, however, the responsibility for the oversight of the state's group homes was divided between more than one agency, usually because of the age of the group home residents. In these instances, all the agencies involved were contacted.

January 1, 1982 was used as the standard date for the information requested. In a few instances, states provided information updated to the point of the survey call, but in no case later than May, 1992. Due to the states' differing levels of capability to compile or maintain such information, in a few instances it was impossible to obtain precise information on the actual number of group homes and/or the number of individuals residing in them. For some states, it was only possible to obtain approximations; however, every effort was made to obtain information which was considered reliable by the state's representative.

State agencies were requested to provide information on the group home programs as indicated in the data set section below. Information on foster family care, residential care facilities or schools, or apartments without 24-hour staff was not included in the study, consequently each state's data may not reflect that state's entire community residential facilities program.

Descriptive information was collapsed into a tabular format. State data on persons in group homes were converted to a rate/10,000 basis. State population information was based upon published results of the 1980 Census (Department of Commerce, 1981).

<u>Data Set.</u> A specifically designed interview form was used which permitted the coding of the following information:

- 1. The number of group home sites with a capacity of 15 or less beds and whether the homes were operated by governmental, not-for-profit, or proprietary agencies.
- 2. The number of group home sites with a capacity of 16 or more beds and whether the homes were operated by governmental, not-for-profit, or proprietary agencies.

- 3. The number of group home sites certified as Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) with a capacity of 15 or less beds and whether the ICFs/MR were operated by governmental, not-for-profit, or proprietary agencies. (Information on ICFs/MR with a capacity of 16 beds or more was not used because, in most part, these were not group home type programs.)
- 4. The number of individuals 17 years of age or younger residing in group homes.
- 5. The number of individuals 18 years of age or older residing in group homes.
- 6. The name, address, and telephone number of the contact person within the state agency responsible for the group home program.
- 7. The name, address, and telephone number of the contact person for the state's association of group home operators (if such an association existed).

<u>Definitions</u>. The following definitions were used as part of the survey:

- Group home a community-based, group living residence for mentally retarded or otherwise developmentally disabled children or adults, providing a home -like environment on a long-term or transitional basis, and staffed by either live-in or shift employees on a 24-hour basis.
- Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) a community-based, group living residence for mentally retarded or otherwise developmentally disabled children or adults, certified as an ICF/MR under the provisions of 45 CRF 249.12 (DHEW, 1974).
- 3- <u>Governmental auspice</u> operated by a state, county or other governmental agency.
- 4. <u>Not-for-profit auspice</u> operated by a not-for-profit voluntary agency or organization.
- 5. <u>Proprietary auspice</u> operated by a proprietary organization on a for-profit basis.

Limitations of the Data. Information on foster family care, residential <u>care facilties</u> scnools, apartments without 24-hour staff, and nursing facilities was not included in the study. Consequently, each state's data do <u>not reflect</u> that state's total community residential facilities program.

The public, quotable records of each state as they were given to the interviewer were accepted as reliable statements and no verifications of data were made.

The "group home" designation has not been standardized nationally and, in spite of attempts by this study to define the term, there is reason to believe that some community facilities may have been excluded from both the count of group homes and the occupants of those homes. Attempts were made to include all group homes in this study but the likelihood that some were not inducted should be noted. The reported number of group homes and the occupants of those homes are, In the opinion of the authors, conservative-.

The ICF/MR certification process is, in many states, handled by agencies other than the designated mental retardation/developmental disabilities service agency and the number of ICF/MR facilities In a state should be regarded as those that are known by the reporting agency.

RESULTS

The survey revealed that ail states had group homes and that nationally approximately 58,063 persons resided in such residences, resulting in a national utilization rate of 2.56/10,000 (Table 1). Of this number, 42,781 persons (or 73.6%) resided in homes that were 15 beds or less in size. Practically all states could report the number of individuals in their group home by age. Of the persons identified by age (N=54,727), 7,984 or 14.6% were less than 18 years old and 46,743 or 85.4% Were 18 years of age or older. Most children or adolescents resided in homes of 15 beds or less (Ni=5,010; 62.8%); this was also true, but to a greater degree, among the adults (N=35,244; 75.4%). The smallest and largest number of persons per state residing in group homes was 52 in Hawaii, and 6,836 in California. However, on a per capita basis, the states with the lowest (.25/10,000) and highest (.7.25/10,000) utilization rates were Oklahoma and Alaska. Figure 1 graphically portrays the variations in utilization rates nationally.

The 53,063 group home residents were found to be residing in 6302 discrete program sites ($\underline{\text{Table 2}}$). The national average group home size was 9.2 beds/home. Of this total number of sites, 5_r 719 or 90.7% were homes of 15 beds or less capacity. In fact, 30 (56.8%) of the states had only homes with 15 beds or legs capacity, and 47 (92.2%) of the states had more than 75% of their homes in this category.

Not-for-profit, proprietary, and governmental agencies accounted for 68.3% (N=4,281), 13.4% (N=1,158) and 13.3% (N=834), respectively, of the ownership of the programs. The

number of discrete program sites ranged from 8, the smallest number, in Delaware, to 723, the largest number, in New York. <u>Table 2</u> also reveals the state-by-state breakdown according to auspice, number of residents, and percentage distribution of homes by size category.

Two-thirds (N=34) of the states (as well as the District of Columbia) had group homes certified as ICFs/MR (<u>Table 3</u>). In fact, five states, New York (N=229), Minnesota (N=216), Texas (N=192), Michigan (N=133), and Colorado (N=63), had 72.3% of all the ICF/MR group names in the nation. These same five states had 73.7% of the nation's ICF/MR group home residents. ICF/MR group homes represented 18.3% of the total number of group home sites nationally, and the 10,664 individuals residing in ICF/MR group homes comprised 18.4% of the nation's group home population.

The overall ICF/MR group home utilization rate was .47/10,000. The individual state rates ranged from .05/10,000 for both Illinois and Kansas, to 5.32/10,000 for Minnesota. Most of the ICF/MR group homes were operated by not -for-profit agencies (72.3%); governmental and proprietary agencies only operated 15.0% and 12.7%, respectively, of the names.

Twenty-five of the states reported that an organization or organizations existed within the state that represented the interests of the group home providers (<u>Appendix B</u>). Mostly, these were associations of group home operators or administrators.

DISCUSSION

Significant progress has been made by many states in both deinstitutionalization of, and in making more available community living alternatives for, persons with mental retardation and other developmental disabilities (Braddock, 1981; Bruininks, Kudla, Hauber, Will & Wieck, 1981). The results of this survey confirm that there has been a dramatic growth in the overall availability of group homes. The 611 community residential facilities identified by O'Connor (1976) in 1972-74, and the 3,686 (15 beds or less) community facilities citified in 1977 by Bruininks et al. (1980) have now grown to over 5,700 (and to some 6,300 larger group homes are considered), representing a growth rate of over 900% over the past ten years.

The 1977 survey also revealed some 23,500 persons in group homes at that time (if we an infer that programs of 15 beds or less wer e group homes). Our data reveal that some (or 58,000 if larger group homes are again considered) individuals now reside in community group homes for persons with retardation, a growth rate of 183%. The 1977 data also indicated an utilization rate of 1.09/10,000 for homes of less than 15 residents. Our

current findings show that the rate has increased to 1.89/10,000 for the same type of programs, and to 2.56/10,000 when greater than 15 bed capacity group homes are included.

Another factor indicative of growth is the more prevalent use of the ICF/MR group homes. Allard and Toff (1980) reported that in 1979, only seventeen states were using the Title XIX ICF/MR program to support a portion of their group homes. With 34 states now using this program model and financing method, a growth rate of some 200%, this increase is notable.

Many states are continuing to develop extensive community living alternatives, but because of the current fiscal climate nationally and in the states individually, this growth may abate. However, there still appears to be an outstanding need for more group home beds nationally. The minimal need for group home, non-ICF/MR type beds has been proposed to be at a rate of 5/10,000 (Alpha Center, Note 3). If this rate was to be attained, it would mean that the nation would need an additional 55,000 group home beds, double that It is known that the total number of specially-licensed foster family of what exists today. care beds (a similar living arrangement) amounts to less than 5-7,000 nationally and has not grown significantly in the past few years (Bruininks, Hill & Thorsheim, 1980; Hill, Note 4), and that specially operated unsupervised apartment beds cannot amount to more than 50% This would mean that about 10,000-11,000 other least restrictive of that number. community living alternative beds may be available, but in all probability, most of these are already used. The institutional population nationally has decreased from 190,000 to 130,000 over the past ten years (OMRDD, Note 1). If this trend continues, then the demand for group home beds certainly shall continue to increase. Given this press, as well as that of new individuals being identified and needing a home-like living situation when movement out of home is necessary or age-appropriate, it may be that the group home type residences may be the only community living alternative that can sustain continued growth. demonstrated growth since the 1970's has indicated that group homes can be made more available.

However, growth can only be sustained when such programs have a sound fiscal base and a well-developed program structure. The majority of the states use a variety of dancing mechanisms, such as cost reimbursement, per diem reimbursement, capitation payments, and outcome based reimbursements (NASMRPD, Note 2). Notwithstanding the methods of reimbursement, more critical to the future of this program is the stability of funding for these programs whether emanating from the state legislature, Title XIX Medicaid payments, or other sources. With the current federal administration's ruminations

relative to constraining growth and current spending in human services, the future course of these programs has to be questioned.

On another aspect, we would expect that the group home program structures vary from state to state, and even within the state. There is an obvious need for more information on this program type from a number of perspectives; these would include structural, administrative, and clinical. Empirical data are needed on the manner in which

these programs are structured within states. These data should include information on state regulatory processes, systemic supports, financing, service networking, etc. The administrative aspects should include information on administrative practices, staffing, staff training, etc. Information on clinical aspects should address habilitative practices, influences upon resident growth, etc. Indications are that, in many states, the occupant population has shifted to represent a more impaired group, consequently placing a greater

demand upon the financing and provision of services within the programs. These aspects to be considered. Lastly, contrasts with other program models such as foster family are and group homes used by the other sectors within human services (e.g., child welfare or mental health) need to be carried out.

Certainly, the current status of this type of community living alternative justifies into these issues and the continued growth of this alternative makes this type of search imperative.

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Tables and Figures

- Table 1: Rates and age distributions of people living in group homes as of January, 1982
- Table 2: Number, auspice and utilizaion rates of group home sites as of January, 1982.
- Table 3: Number, auspice and utilization rates for intermediate care facilities for the mentally retarded as of January, 1982.
- Figure 1: Utilization rates of group home beds by states, January, 1982.

Table	(con	t)

	State Population	Number Of People Living In	Number of	Residents	17 Years Old in		ribution — Residents	18 Years Old in	n GHs
State *	(x10,000)	Group Homes	Residents Per 10,000 Population	≤15 Beds*	≥16 Beds	Total	≛15 Beds*	≥16 Beds	<u>Total</u>
Vermont	51.1	141	2.76	39	0	39	102	0	102
Virginia	534.6	448	0.84	20	0	20	428	0	428
Washington	413.0	1168	2.83	177	0	177	483	508	991
West Virginia	195.0	178	0.91	0	0	0	148	30	178
Wisconsin	470.5	2672	5.69	100	0	100	1526	1046	2572
Wyoming	47.1	171	3.63	0	0	0	171	0	171
Total	22649.7	58063	2.56	5010	2974	7984	35244	11499	46743

^{*}Includes ICF-MR Sites with 15 Beds or less

* *-a Indicates total age distribution not easily broken into age of residents by size of sites

TABLE 1: RATES AND AGE DISTRIBUTIONS OF PEOPLE LIVING IN GROUP HOMES AS OF JANUARY, 1982

		R	ates	Age Distribution							
	State Population	Number Of People Living In	Number of Residents Per	H	≤17 Years Old is		Residents	≥18 Years Old			
State	(x10,000)	Group Homes	10,000 Population	≤15 Beds*	≥16 Beds	Total	≤15 Beds*	≥16 Beds	Total		
Alabama	389.0	332	0.86	18	O	18	163	151	314		
Alaska	40.0	290	7.25	70	0	70	220	0	220		
Arizona	271.8	578	2.13	72	60	132	416	30	446		
Arkansas	228.6	177	0.77	0	0	0	157	20	177		
California	2366.8	6836	2.89	0	845	845	0	5991	5991		
Colorado	288.9	1646	5.70	198	156	354	1292	0	1292		
Connecticut	310.7	1150	3.70	95	312	407	292	451	743		
Delaware	59.5	119	2.00	17	56	73	10	36	46		
District of Columbia	63.8	174	2.73	20	0	20	154	0	154		
Florida	973.9	3336	3.43	8**	a	a	В	a	u		
Georgia	546.4	1279	2.34	65	0	65	1214	0	1214		
Hawaii	96.5	52	0.54	12	0	12	40	0	40		
Idaho	94.4	420	4.45	74	52	126	171	123	294		
Illinois	1141.8	1402	1.23	59	750	802	87	506	593		
Indiana	549.0	455	0.83	9	0	9	446	0	446		
Iowa	291.3	1340	4.60	343	84	427	615	298	913		
Kansas	236.3	777	3.29	l ő	0	0	777	0	777		
Kentucky	366.1	132	0.36	24	ő	24	108	o	108		
Louisiana	420.3	331	0.79	42	0	42	289	n	2119		
Maine	112.5	626	5.56	25	Ö	25	601	0 .	601		
Maryland	421.6	236	0.56	0	0	0	236	0	236		
Massachusetts	573.7	1595	2.78	168	425	593	1002	Ö	1002		
Michigan	925.8	2900	3.13	290	0	290	2610	0	2610		
Minnesota	407.7	2190	5.37	325	0	325	1845	20	1865		
Mississippi	252.0	144	0.57	5	0	5	139	0	139		
Missouri	491.7	2269	4.62	222	150	372	815	1082	1897		
Montana	73.7	555	7.05	45	0	45	510	0	510		
Nebraska	157.0	600	3.82	75	0	75	525	D	525		
Nevada	79.9	158	1.98	36	Ö	36	122	ő	122		
New Hampshire	92.1	299	3.25	20	0	20	279	0	279		
New Jersey	736.4	700	0.95	80	0	80	620	ő	620		
New Mexico	130.0	245	1.89	30	. 0	30	215	0	215		
New York	1755.7	6697	3.81	994	24	1018	5357	322	5679		
	587.4	605	1.03	75	0	75	530	0	530		
North Carolina		PT0.0004-1	4.00	16		() () () () () () () () () ()	108	57	245		
North Dakota	69.3	261		343	6D	16	3945	680	4625		
Ohio	1079.7	5028	4.66	100000000000000000000000000000000000000		403	- Part (0	77		
Oklahoma	302.5	77	0.25	0	0	0	77	- CYSC 35-CS	605		
Oregan	263.3	61/	2.34	12	0	12	457	148	603		
Pennsylvania	1185.7	2104	1.77	442	0	442	1662	0	₹ 1662 348		
Rhode Island	94.7	368	3.89	20	0	20	348	2000	100000000000000000000000000000000000000		
outh Carolina	311.9	230	0.74	29	0	29	201	0	201		
iouth Dakota	69.0	470	6.81	50	0	50	420	0 >	420		
ennessee	459.1	945	2.06	65	0	65	880	0	880		
Texas	1422.8	2343	1.65	180	0	180	2163	0	2163		
Jtah	146.1	197	1.35	9	0	9	188	0	188		

TABLE 2: NUMBER, AUSPICE AND UTILIZATION RATES OF GROUP HOME SITES AS OF JANUARY, 1982

	3	Number of Group Home Sites* ≤15 Beds by Auspice				Number of Group Home Rates — Sites ≥16 Beds by Auspice						Rates—			
			Sites"	=15 Deas D	y Auspice		1	ates -		Sites = 10	bella by A	uspice		ll li	ates-
Tot	al Number					1	Number	Number	1			Total #		Number	Number
	of		Volun-		Total #	% of	26 1 2 2 2 2 2 2	of Resi-		Valun-		of GH	% of	of Resi-	of Resi-
	Group		tary	Proprie-	of GH	Total		dents Per	1	tary	Proprie-	Sites	Total	dents in	dents per
765 1	Home	Govern-	(Non-	tary	Sites	GH	GHs	10,000	Govern-	(Non-	tary	≥16	GH	GI Is	10,000
State	Sites	ment	Profit	(Profit)	≤15 Beds	Sites	≤15 Beds	Pep.	ment	Profit)	(Profit)	Beds	Sites	≥ 16 Beds	Pop.
Alabama	33	19	-	-	19	58.0	181	0.47	-	2	12	14	42.0	151	0.39
Alaska	43		43	-	43	100.0	290	7.25	-	1-	-	O	0.0	0	0.00
Arizona	110	13	89	6	108	98.2	488	1.80	-	2	-	2	1.8	90	0.33
Arkansas	23	-	22	-	22	95.7	160	0.70	-	1	-	1	4.3	17	0.07
California	229	-	-	•	0	0.0	0	0.00	-	190	39	229	100.0	6836	2.89
Colorado	184	75	90	15	180	97.8	1490	5.16		4	-	.4	2.2	156	0.54
Connecticut	87	15	53	-	68	78.2	387	1.25	12	7	-	19	21.8	763	2.45
Delaware	8	1	3		4	50.0	27	0.45	-	4	7	4	50.0	92	1.55
Dist. of Columbia	25		22	3	25	100.0	174	2.73			24	0	0.0	0	0.00
Florida	376	5	-	347	352	93.5	2524	2.60		-		24	6.5	812	0.83
Georgia	269	57	232	-	289	100.0	1279	2.34		*	-	0	0.0	0	0.00
Hawaii	13 34	-	13	*	13	100.0	52	0.54	10	-	-	10	29.4	175	1.85
Idaho	97	24	20	-	24	70.6	245	2.60	10	77	-	77	79.4	1256	1.10
Illinois	76	-	76	-	20	20.6	146	0.13	-	,,	7	o o	0.0	0	0.00
Indiana	122	ī	108	*	76 109	100.0 89.3	455 958	0.83 3.29	2	9	2	13	10.7	382	1.31
Iowa	105	10.000	105	-	105	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.0000000000000000000000000000000000000			10000	_	0	0.0	0	0.00
Kansas	11	*	111	-	11	100.0	777 132	0.36	-	-	-	0	0.0	0	0.00
Kentucky Louisiana	38	3	35	~	38	100.0	331	0.79	68.00	-	-	Ö	0.0	1 0	0.00
Louisiana Maine	80	,	35	45	80	100.0	626	5.56		I	7	o	0.0	0	0.00
Maryland	32		32		32	100.0	236	0.56		-	-	Ö	0.0	0	0.00
Massachusetts	197		165	15	180	91.4	1170	2.04		17	-	17	8.6	425	0.74
Michigan	344	14	261	69	344	100.0	2900	3.13	1	1,		ó	0.0	0	0.00
Minnesota	217	-	119	97	216	99.5	2170	5.32	1 0	1		1	0.5	20	0.00
Mississippi	18	10	8		18	100.0	144	0.57	0.0	•		Ô	0.0	0	0.00
Missouri	241	-	127	54	181	75.1	1037	2.11	2	20	40	60	24.9	1232	2.51
Montana	68	_	68	2.7	68	100.0	555	7.05		-	-	0	0.0	0	0.00
Nebraska	91	78	В	5	91	100.0	600	3.82			_	O	0.0	0	0.00
Nevada	47	-	47	- 0	47	100.0	158	1.98	9 2	-		D	0.0	0	0.00
New Hampshire	60	25	35	-	60	100.0	299	3.25	_	-	-	ō	0.0	0	0.00
New Jersey	95	4	87	4	. 95	100.0	700	0.95	8 2		2	0	0.0	0	0.00
New Mexico	37		37		37	100.0	245	1.89		-		Ö	0.0	0	0.00
New York	723	183	524		707	97.8	6351	3.62	1 2	16	2	16	2.2	346	0.19
North Carolina	121	41	80	-	121	100.0	605	1.03	0	-	-	0	0.0	0	0.00
North Dakota	28		25	- 2	25	89.3	204	3.13		3	2	3	10.7	57	0.87
The state of the s			-		***					25				200	

Table 2 (cont.)

	Number of Group Home Sites* ≤15 beds by Auspice						Number of Group Home Sites ≥16 Beds by Auspice							Rates		
State	Tetal Numbe of Group Home Sites	Govern- ment	Volun- tary (Non- Profit	Proprietary (Profit)	Total # of GH Sites ≤15 Beds	% of Fotal GH Sites	Number of Resi-		Govern- ment	Volun- tary (Non- Profit)	Proprie- tary (Profit)	Total # of GH Sites ≥ 16 Beds	% of Total GH Sites	Number of Resi- dents in GHs ≥16 Beds	Number of Resi- dents per 10,000 Pop.	
Ohio	453	86	174	165	425	93.8	4288	3.97	1 -	10	18	28	6.2	740	0.69	
Oklahoma	11	-	11	-	11	100.0	77	0.25	-	-	-	0	0.0	0	0.00	
Oregon	49	-	41	-	41	B3.7	469	1.78	-	8	-	8	16.3	148	0.56	
Pennsylvania	519	15	462	42	519	100.0	2104	1.77		-	-	0	0.0	0	0.00	
Rhode Island	56 .	10	46	-	56	100.0	368	3.89				0	0.0	0	0.00	
South Carolina	28	21	7	-	28	100.0	230	0.74	-	-		0	0.0	0	0.00	
South Dakota	47		47	-	47	100.0	470	6.81	-			0	0.0	0	0.00	
Tennessee	135	-	135	-	135	100.0	945	2.06	-	-	32	0	0.0	0	0.00	
Texas	227	85	100	42	227	100.0	2343	1.65	-	-	-	0	0.0	0	0.00	
Utah	30	2	25	3	30	100.0	197	1.35	-			G	0.0	0	0.00	
Vermont	24	-	24	*	24	100.0	141	2.76	-	-	-	0	0.0	0	0.00	
Virginia	47	-	47	-	47	100.0	448	0.84	-	-	-	0	0.0	0	0.00	
Washington	125	-	52	50	102	81.6	660	1.60	-	12	11	23	18.4	508	1.23	
West Virginia	19	12	6	-	18	94.7	148	0.76	-	1	-	1	5.3	30	0.15	
Wisconsin	194	11	104	50	165	85.1	1626	3.46	-	-	-	29**	14.9	1046	2.22	
Wyoming	36	-	36	-	36	100.0	171	3.63	-	-	25	n	0.0	0	0.00	
Total	6302	810	3897	1112	5719	90.7	42781	1.89	24	394	146	583	9.3	15232	0.67	

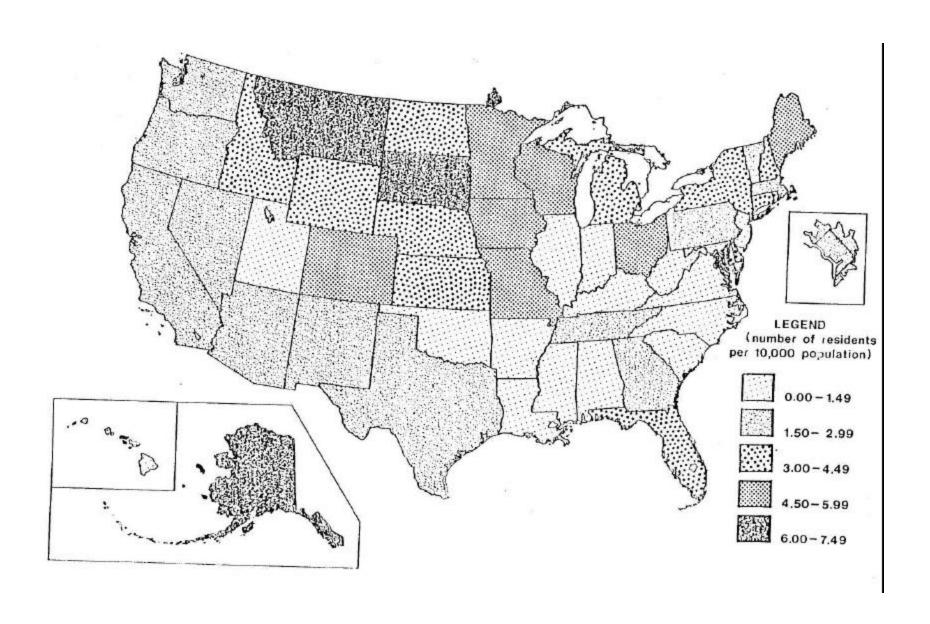
^{*}Includes ICF-MR Sites with ≤15 Beds.

**Indicates number of sites not easily broken into auspice

TABLE 3: NUMBER, AUSPICE AND UTILIZATION RATES FOR INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED AS OF JANUARY, 1982

- F			- Number of ICF-N	Rates				
State	Total Number of Group Home Sites	Government	Voluntary (Non-Profit)	Proprietary (Profit)	Total # of ICF-MR Sites ≤15 Beds	% of Total GH Sites	Number of Residents In ICF-MRa ≤15 Beds	Number of ICF-MR Residents Per 10,000 Population
Alebama	33				0	0.0	0	0.00
Alaska	43		3		3	7.0	20	0.50
Arlzona	110				Ó	0.0	0	0.00
Arkansas	23		-		Õ	0.0	l 0	0.00
California	229	-			0	0.0	11 0	0.00
Colorado	184	32	28	3	63	34.2	548	1.90
Connecticut	87		7		7	8.1	69	0.22
Delaware	Ð		-	-	0	0.0	0	0.00
District of Columbia	25		2	. •	. 2	8.0	16	0.25
Florida	376	5	+	5	10	2.7	80	0.08
Georgia	289	-	-		0	0.0	0	0.00
Hawali	13				0	0.0	0	0.00
Idaho	34	9			9	26.5	95	1.01
Illinois	97	-	5	-	5	5.2	60	0.05
Indiana	76	-	38	-	38	50.0	223	0.41
lowa	122		2		2	1.6	24	0.03
Kanana	105	•	1	-	1	0.9	11	0.05
Kentucky	11		•	-	0	0.0	0	0.00
Louisiane	38	3	23	-	26	68.4	218	0.52
Matrio	80	•	22	-	22	27.5	276	2.45
Maryland	32		•	•	0	0.0	0	0.00
Massachusetts	197	-	. 0	-	. 8	4.1	60	0.10
Michigan	344		133		133	38.7	811	0.88
Minnesota	217		119	97	216	99.5	2170	5.32
Mississippi Missouri	1B 241	-	2	*	0 2	0.0	0 30	0.00
Mentana	63	-,	i		1070	0.8		
Nebraska	91				0	0.0	5	0.06
Nevada	47		i .	5	ĭ	2.1	15	0.19
New Hampshire	60	- 5			Ô	0.0	0	0.00
New Jersey	95	2	-		0	0.0	0	0.00
New Mexico	37	1	4	8 8	4	10.8	40	0.31
Hew York	723	33	198	2	229 .	31.7	2114	1.20
North Carolina	121	8	В	9	16	13.2	90	0.15
North Dakota	28	200	3		3	10.7	35	0.54
Ohlo	453	4	12	3	19	4.2	228	0.21
Olkahorna	11			-	0	0.0	0	0.00
Oregon	49		2	-	2	4.1	22	0.08
Pennsylvania	519	-	12	_	12	2.3	98	0.08
Rhode Island	56	10	46	-	56	100.0	368	3.89
South Carolina	28	20	4		24	85.7	197	0.63
South Dakota	47	7	11		11	23.4	138	2.00
Termissee	135	-	10		• 10	7.4	95	0.21
Texas	227	50	100	42	192	84.6	2218	1.56
Utah	30	-			0	0.0	0	0.00
Vermont	24	-	10	-	10	41.7	60	1.17
Vieglola	47	=	3	-	, ,	6.4	38	0.07
Weshington	125	-	-	-3	0	0.0	0	0.00
West Virginia	19	*	2		2	10.5	16	0.08
Wisconstn	194	1	10	•	15	7.7	176	0.37
Wyoming	36		2. 1		0	0.0	0	0.00
Total	6302	175	032	150	1157	18,3	10664	0.47

FIGURE 1: Utilization Rates of Group Home Beds by States, January, 1982



APPENDIX A:

Alabama

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Iowa

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Montana Department of Soc. Rehab-Svcs. Developmental Disabilities Division Management Systems &. Planning Bureau P.O. Box 4210 111 Sanders Street Helena, Montana 59601

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New Mexico Health and Environment Department Behavioral Health Services Division Developmental Disabilities Bureau P.O. Box 968 Santa Fe, New Mexico 87503

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Steve Zimmerman 307-777-6488

APPENDIX B: Statewide Associations Involved With Group Homes for Mentally Retarded/ Developmentally Disabled Adults

<u>Alaska</u>

Alaska Assn. of Dev. Dis. Contractors Fairbanks Rehabilitation Association 805 Airport Road Fairbanks, Alaska 99701

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Arizona

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Chuck Skoien 916-447-8885

CARR P.O. Drawer 368 Reseda, California 91335

Sonny Ash 213-345-8460

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<u>Maine</u>

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Maryland Coalition of State Residential Program Directors Howard County Assn. for Retarded Citizens Suite 251 Wild Lake Village Green Columbia, Maryland 21044

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Father John Cronin

Massachusetts Council of Human Service Providers 59 Temple Place - Suite 508 Boston, MA. 02111

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Father Edmund Tinsley 617-892-4886

Michigan

Michigan Residential Care Association 15195 Farmington Road Suite A-I Livonia, Michigan 48154

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Missouri Association of Facilities For The Handicapped P.O. Box 1796 Columbia, Missouri 65205

Tommy Tomlin 314-875-6181

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Montana Assn of Independent Deliverers of Service P.O. Box 1944 Bozeman, Montana 59715

Gary Pagnotta

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New Jersey Group Home Providers Association Somerset W.A.M.H. 28 South Doughty Avenue Somerviile, New Jersey 08876

Marty Santoluci 201-685-1444

New York

NYS Association of Community Residence Administrators c/o Rensselaer Association For Retarded Children 27 Brunswick Road Troy, New York 12180

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North Carolina

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